

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45  
-17-39  
X33697

State File No. \_\_\_\_\_  
Registrar's No. 64

Registration District No. 53 Primary Registration District No. 3011

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town Carrollton  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community lifetime (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MICKEY GERALD MEAGHER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 7  
year 1945 hour 13 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Carroll  
Call, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 22 1931  
(Month) (Day) (Year)

Immediate cause of death Acute Dilatation of the heart  
Due to Mitral Regurgitation  
Brought on by exertion.  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 13 Months 8 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carrollton Mo  
(City, town or county) (State or foreign country)  
10. Usual occupation Child  
11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 926  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Clarence Meagher  
13. Birthplace Carrollton Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Sellers  
15. Birthplace Stillwell Okla  
(City, town or county) (State or foreign country)  
16. (e) Informant Mrs Clarence Meagher  
(b) Address Carrollton Mo  
17. (a) Burial (b) Date thereof 7-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cem  
18. (a) Signature of funeral director Stanley Gibson  
(b) Address Carrollton Mo  
19. (a) 7-10-1945 (b) Dr James Rafferty  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3  
23. Signature Charles Pitt 3 Coroner  
(M.D. or other) (M.D. or other)  
Address Carrollton Mo Date signed 7/7/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

Net File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

8-8-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.